of Mr. Karunakaran this may be all right. In the case of others, as far as I have seen, no person after acquiring knowledge in commercial subjects has become a trader.

MR. K. C. KARUNAKARAN (*Nominated*): But there is facility for getting jobs here.

MR. I. C. CHACKO (*Director of Industries*): I know so many people who have acquired knowledge in commerce do not start commerical firms. A person who acquires commerical knowledge with the necessary backing of capital, may be able to start a commerical firm of his own. My fear is if we start a commerical College now, we shall be merely creating more unemployment. Anyhow, I am quite prepared to consider Mr. Karunakaran's proposal very carefully and make my recommendations to Government.

MR. K. C. KARUNAKARAN (*Nominated*): I withdraw the motion.

The motion was, by leave, withdrawn.

Motions 304 to 313.

The following motions were not moved:

MR. K. P. NILAKANTA PILLAI:

304 To reduce the allotment of Rs. 4,980 for Technological Institute by Rs. 2,516.

MR. REVATI NAL RAMA VARMA RAJA:

305. To reduce the allotment of Rs. 2,000 for spinning by Re. 1.

MR. REVATI NAL RAMA VARMA RAJA:

306 To reduce the allotment of Rs 5,364 for Experimental Tannery by Re. 1.

MR. A. THANU PILLAI:

307. To reduce the allotment of Rs. 17,993 for Industrial Development by Re. 1.

MR. A. G. MENON:

308. To reduce the total allotment of Rs. 1,18,666 under Demand XIV by Re. 1.

MR. T. C. KESAVA PILLAI:

309. To reduce the total allotment of Rs. 1,18,666 under Demand XIV by Rs. 5.

MR. K. P. NILAKANTA PILLAI:

310. To reduce the total allotment of Rs. 1,18,666 under Demand XIV by Rs. 100.

MR. T. C. KESAVA PILLAI:

311. To reduce the total allotment of Rs. 1,18,666 under Demand XIV by Rs. 100.

MR. MURUVELIL PACHU PILLAI:

312. To reduce the total allotment of Rs. 1,18,666 under Demand XIV by Rs. 100.

MR. V. S. KRISHNA PILLAI:

313. To reduce the total allotment of Rs. 1,18,666 under Demand XIV by Rs 100.

PRESIDENT: The question is that a sum not exceeding Rs. 1,18,666 minus Rs. 800 be granted under Demand XIV—Industries.

The grant was made.

DEMAND XV—MEDICAL DEPARTMENT INCLUDING GRANTS TO EUROPEAN MEDICAL INSTITUTIONS AND SCHOLARSHIPS FOR THE STUDY OF EUROPEAN MEDICINE.

DR. K. RAMAN TAMPI (*Inspecting Medical Officer*): Sir, I move for a grant not exceeding Rs. 6,93,626 under Demand XV—Medical Department including grants to European Medical Institutions and Scholarships for the study of European Medicine.

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Motion 314.

MR. A. THANU PILLAI (*Trivandrum*): I move the following motion:—

To reduce the allotment of Rs. 11,399 for Superintendence by Re. 1.

My object in making this motion is to urge upon the Government the necessity for abolishing the Administrative Board, Medical Services. The Administrative Board, has now existed sufficiently long to enable one to come to a decision as to the desirability of its further continuance. It was instituted as a tentative measure for no valid reasons, so far as the people can understand. There is no department of our State which is controlled by an agency like this and there is absolutely nothing to distinguish the condition of things in the Medical Department from the condition of things in other departments so as to necessitate the placing of this department under an agency like this. We resort to a change in the existing order of things in a matter like this, when it will lead either to increased efficiency or to diminished expenditure. From that point of view, the institution of a Board like this cannot be supported. As far as efficieny is concerned, there is no gainsaying the fact that a control by a Board of three persons is not at all calculated to maintain proper discipline, at any rate, better discipline than the control by an efficient officer as the head of the department. No urgent things can be attended to at any time under the present arrangement. Suppose some emergent order has to be issued and the Inspecting Medical Officer is on circuit in North Travancore, the non-official member attending to his work in South Travancore and the lady member in Trivandrum. All these three have to meet to attend to this urgent matter. These conditions cannot conduce to the proper carrying on of administrative duties.

MR. N. K. KRISHNA PILLAI (*Neyyattinkara*): May I know where there is any such Board in Madras?

MR. A. THANU PILLAI (*Trivandrum*): There is no such Board in Madras, and I can say a Board like this, does not exist anywhere else.

Anyhow, this Board is not calculated to make the department work properly. Every institution in this department is directly under the control of this Board. There are no intermediary officers as is obtaining in the Land Revenue Department or in the Police Department, so that, whenever the Board has to deal with a subordinate officer any information regarding that particular officer has to be directly got from the Inspecting Medical Officer. After all, it is the inspecting Medical Officer that comes into real contact with the subordinate officers. A Board is not at all calculated to promote the interests of the department under these conditions. There is now a division of responsibility which would lead to indiscipline and lack of efficiency. There must be one officer who is responsible to the Government for the proper discipline and control of the department. Now the period during which this Board has existed has not in the least demonstrated the desirability of the change that was resorted to. On going through the report of 1102 of this department, I do not find any good that has resulted from the joint activities of

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this Board. There is nothing in the report to show that the department has fared better under this Board than it would otherwise have been under a competent officer. After all, what the Board attends to is purely administrative matters, that is to say, appointments, promotions and transfers of their subordinate officers. Why should there be an agency like this? There is absolutely no need. On the contrary, efficiency is impaired and it is also seen in several of the medical institutions that there is lack of discipline among the officers. In some institutions even undesirable rivalry between the medical men exists so that patients are put to considerable trouble at times. From the financial point of view also this arrangement is equally wrong. Even if a competent officer is appointed on a pay of Rs. 1,000 a month, the amount would come to Rs. 12,000 per annum. Now the pay of these three officers on account of Superintendence alone comes to Rs. 18,000. There is a clear loss of Rs. 6,000 annually. There is absolutely no corresponding advantage derived.

Then, as regards the constitution of the Board itself, we find the peculiar phenomenon of a non-official taking part in the administration of the department. What warrant there is for such an arrangement I fail to understand. In this case he happens to be a gentleman who is connected with several medical institutions that receive grants-in-aid from Government. How such a gentleman can be placed at the head of the department is highly doubtful. Absolutely no ground exists for this department to be differently treated from other departments. Why there should be a change like this I fail to grasp. I strongly urge upon Government the necessity for the discontinuance of the Medical Board.

MR. P. S. MAHOMED (*Nominated*): മൂന്നുപേരുടെ അധീനത്തിൽ ഒരു ഭരണം ലോകത്തു ഒരുസ്ഥലത്തും നടക്കുന്നതല്ല. ദേവലോകത്തുന ടക്കുന്നതായി പുരാണങ്ങൾകൊണ്ടു കാണാമെന്നേയൊള്ളൂ. എന്നാൽ പരീക്ഷണാർത്ഥം മാത്രം ഏറ്റവും പ്രാധാന്യമേറിയ ഈ ഡിപ്പാർട്ടുമെൻറിന്റെ ഭരണത്തിനു ഇങ്ങനെ ഒരു ബോഡ് ഏർപ്പെടുത്തി നടത്തിവരുന്നതിന്റെ ഫലം ഗവണ്മെൻറുതന്നെ മിക്കവാറും അറിഞ്ഞിട്ടുണ്ടെന്നാണ് എന്റെ വിശ്വാസം. അതിന്റെ കാരണം എന്തുതന്നെയായിരുന്നാലും ഈ ഡിപ്പാർട്ടുമെൻറിനു മുമ്പുണ്ടായിരുന്നകാര്യക്ഷമതയും ഡിസിപ്ലിനും മിക്കവാറും നശിച്ചുകഴിഞ്ഞു എന്നു പറയാതെ തരമില്ല. ഇനിയും ഈ രീതിയിൽതന്നെ തുടർന്നുകൊണ്ടുപോകയാണെങ്കിൽ മെഡിക്കൽ ഡിപ്പാർട്ടുമെൻറിന്റെ അന്തസ്സിനും സാരമായതരത്തിലുള്ള കേടുപറ്റുമെന്നുള്ളതിന് യാതൊരു സംശയവുമില്ല. ഏതെങ്കിലും ആശുപത്രികളിൽനിന്നു വരുന്ന ഒരെഴുത്തിനു മറുപടികൊടുക്കണമെങ്കിൽ അതിനു ബോഡുകൂടാതെ തരമില്ല. ബോഡുകൂടുന്നതിനു സമയമായിട്ടില്ലെങ്കിൽ അതുകൂടുന്നതുവരെ ആ എഴുത്തിനു മറുപടിയും കിട്ടുകയില്ല. ഇതിനും പുറമേ ഗവർണ്മെൻറുത്തരവുകളെ ഈ ബോഡു ഗണിക്കുന്നുണ്ടോ എന്നും സംശയിക്കേ

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[Mr. P. S. Mahomed.]

ണ്ടിയിരിക്കുന്നു. ഒരാളിന്റെ ഉദ്യോഗകാലാവധി കഴിഞ്ഞശേഷം അയാ ൾഡെൻറൽഡാക്ടർ ആയിരിക്കുന്നതിനു ബോഡ്ഡു അനുവാദംനൽകി. ഗവ ണ്മെൻറു ആ അനുവാദം പിൻവലിച്ചു. ഈ വിഷയത്തിൽ ബോഡ്ഡിന്റെ അധികാരം നടന്നു. ഗവർണ്മെൻറിന്റെ അധികാരം നടന്നില്ല. ഒരാളി ന്റെ കാലാവധികഴിഞ്ഞശേഷം ആ ആളിനുപകരം വെറെ ഒരാളിനെ അയക്കുന്ന വിഷയത്തിലും വളരെകാലതാമസം നേരിട്ടുണ്ടു്.

ഇന്നലെ എന്റെ ഒരു സ്നേഹിതൻ അയച്ചിരുന്ന ഇൻറർപെലേ ഷനു കിട്ടിയമറുപടിയിൽ മരുന്നുകഠം എല്ലാസമയത്തും കിട്ടുന്നുണ്ടെന്നാ ണു് പറഞ്ഞതു്. എന്നാൽ പരമാത്ഥം അങ്ങിനെയല്ല. മിക്ക ആശു പത്രികളിലും മരുന്നില്ലാതെ ഷാപ്പുകളിൽനിന്നും മേടിക്കുന്നതിനു ചിറു കൊടുത്തയക്കാറുണ്ടു്. എനിക്കുതന്നെ അങ്ങിനെ അനുഭവംഉണ്ടായിട്ടുണ്ടു്. ഇതിൽനിന്നും ആശുപത്രിയിൽ മരുന്നില്ലാഞ്ഞിട്ടാണു് ചിറു കൊടുക്കു ന്നതെന്നു ധാരാളം മനസ്സിലാക്കാം. ആലപ്പുഴയിലുള്ള മരുന്നുഷാപ്പിൽ പലസ്ഥലത്തും നോക്കിയാൽ ഡാക്ടർമാരുടെ ചിറുകഠം ധാരാളം കാണ്മാ ൻ സാധിക്കുന്നതാണു്.

ഇതിനുംപുറമെ മെഡിക്കലാഫീസറന്മാരുടെ സ്ഥലംമാറ്റം തുട ങ്ങിയുള്ള സംഗതികളിലും അഡ്മിനിസ്ട്രേറ്റീവ്ബോഡ്ഡു വേണ്ടവിധത്തി ൽ പ്രവത്തിക്കുന്നുണ്ടോഎന്നുള്ള സംഗതി സംശയമാണു്. ഇന്നു ഒരു ഡാക്ടരെ സ്ഥലംമാറി ഉത്തരവയച്ചു എന്നുകേഠക്കാം. നാളെ ആ ഉ ത്തരവു പിൻവലിച്ചുഎന്നും കാണാം. ഇതിനെല്ലാം കാരണം ശരിയാ യഉത്തരവാദിത്വം വഹിക്കാൻ മുമ്പോട്ടുപ്പെട്ട ഒരുദ്യോഗസ്ഥനില്ലാത്തതാ ണു്. മൂന്നുപേരും ഒരിക്കലും കുറക്കാരാകയില്ല. ഒരാൾ മറു രണ്ടു പേരെ കുറംപറയും.

MR. S. PIRAVIPERUMAL PILLAI (*Commerce and Industry, South*): Does the member know that if there are three men, the appointment of one particular community will not preponderate in the department?

MR. P. S. MAHOMED (*Nominated*): കഴിയുന്നിടത്തോളം അങ്ങിനെ ചെയ്യണം. ഡിപ്പാർട്ട്മെൻറിൽ ആ പ്രിൻസിപിളിനു വേണ്ടി കുഴപ്പം ഉണ്ടാക്കുന്നതു ശരിയാണെന്നു തോന്നുന്നില്ല. ഏതായാലും ഈ ബോ ഡ്ഡു കാംക്ഷിമതിയുടെ ഉതകുന്നതല്ലെന്നുള്ള അഭിപ്രായത്തെ രേഖപ്പെടുത്തി കൊണ്ടു ഞാൻ ഈ ഉപക്ഷേപത്തെ ബലമായി പിൻതാങ്ങിക്കൊ ള്ളുന്നു.

MR. ITTOOP ITTEECHAN (*Kunnatnad*): ഞാൻ മിസ്റ്റർ താണുപിള്ളയു ടെ ഉപക്ഷേപത്തെ പിൻതാങ്ങുന്നു. സകല ഡിപ്പാർട്ടുമെൻറിലും സ

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വ്പ്രധാനമായതു മെഡിക്കൽ വകുപ്പാണെന്നു് പറയുന്നതിനു് എനിക്കു് അശേഷം മടിയില്ല. മനുഷ്യരുടെ സകല ഐശ്വര്യവും ഉപേക്ഷിച്ചാലും ഡാകിടരേയും മരുന്നിനേയും ഒരിക്കലും വിടാൻ സാധിക്കുകയില്ല. ഇതുയും പ്രധാനമായ മെഡിക്കൽ വകുപ്പിനെ ന്യായമായ നിലയിലുള്ള ഒരുദ്യോഗസ്ഥനെക്കൊണ്ടു് മാത്രം നടത്തിക്കൊണ്ടു പോകാൻ സാധിക്കുമൊ എന്നു് സംശയിച്ചായിരിക്കണം ഒരു മെഡിക്കൽ ബോഡിനെ ഇപ്രകാരം ഏർപ്പെട്ടുത്തീട്ടുള്ളതു്. ഇതിന്റെ അന്തരാർത്ഥമാലോചിച്ചാൽ "പല മക്കളുള്ള തള്ളക്കു് കുഞ്ഞില്ല" എന്നൊരു പഴഞ്ചൊല്ലു പോലെയാണു് ഇപ്പോഴത്തെ സ്ഥിതി. ഇങ്ങനെ രണ്ടു മൂന്നം ഗങ്ങൾ ഒരു ബോർഡിൽ ഇരിക്കുന്നതുകൊണ്ടു് ഒരാൾ നോക്കട്ടെ എന്നു് മറെറയാളും അതല്ല മറെറ ആൾനോക്കട്ടെ എന്നു് ഒരു ആളും പറഞ്ഞു തമ്മിൽ വാദപ്രതിവാദംകൊണ്ടു് ഐശ്വര്യമായ ഒരു ഡിപ്പാർട്ടുമെൻറു ഇപ്പോൾ വളരെ കഷ്ടാവസ്ഥയിലിരിക്കുന്നു എന്നാണു് എന്റെ അറിവു്.

അങ്കമാലിയിലും, മഞ്ഞപ്രയിലും ഓരോ ഡിസ്പെൻസറി എറവും അത്യാവശ്യമാണെന്നു് പല പ്രാവശ്യവും ഒരു ബോർഡിൽ ആവശ്യപ്പെട്ടിട്ടും ഇതുവരെ അതു് അനുവദിച്ചു കിട്ടിയില്ല എന്നുള്ള സംഗതി വളരെ വ്യസനസമേതം പ്രസ്താപിച്ചുകൊള്ളുന്നു.

• പിന്നെ ഒരു സംഗതി പറയാനുള്ളതു് ഒരു ആസ്പത്രികളിൽനിന്നു മരുന്നു കിട്ടുന്നതിനെ സംബന്ധിച്ചാണു്. മരുന്നു മേടിക്കാൻ പോകുമ്പോൾ തക്കസമയത്തു് മരുന്നു കിട്ടാതെ വരുന്നതിനാൽ പലർക്കും ജീവഹാനിക്രൂടി വന്നിട്ടില്ലയൊ എന്നു് സംശയിക്കേണ്ടിയിരിക്കുന്നു. ഇതിനെല്ലാം ഉത്തരവാദി ആരാണെന്നു് ചോദിച്ചാൽ ഞാനെന്നു പറയാൻ ആരുമില്ല.

കുന്നത്തുനാട്ടു താലൂക്കിൽ കുറെ തെക്കേ അറത്തായി പെരിയാർ കിടക്കുന്നതുകൊണ്ടു് അതിനപ്പുറമുള്ള ആളുകൾ മെഡിക്കൽഡിപ്പാർട്ടുമെൻറിലെയെന്നല്ല മറെറാരു ഡിപ്പാർട്ടുമെൻറിലും ഉള്ള ആളുകളെ കണ്ടിട്ടില്ല. അതിനാൽ അവക്കു് യാതൊരു പരാതിയുമില്ല എന്നു് വിചാരിക്കുന്നതിൽ ഞങ്ങൾക്കുള്ള സങ്കടാവസ്ഥയെപ്പററി പറയാതെ നിവർത്തിയില്ല. എന്നാൽ പെരിയാറിനപ്പുറമുള്ള മുതലെടുപ്പിനെ സംബന്ധിച്ചു് നോക്കുന്നതായാൽ അതിൽ ഗവണ്മെൻറു ഒരു വിധത്തിലും വിട്ടതരുന്നതുമല്ല. അതിനാൽ അങ്കമാലിയിലും മഞ്ഞപ്രയിലും ഓരോ ഡിസ്പെൻസറികൾ എറവും അത്യാവശ്യമാണു്. അതു് മലയോടടുത്തിരിക്കുന്നതുകൊണ്ടു് മലേറിയ മുതലായ രോഗങ്ങൾ പിടി

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[Mr. Ittoop Itteechan.]

പെട്ട് ജനങ്ങൾ അ ാലമൂത്യുവിന് വശംവദരായിതീരുന്നു. അതി നാൽ ഒരു ബോർഡിനെ അസ്ഥിരപ്പെടുത്തി ഒരാളിന്റെ അധികാ രത്തിലും ചുമത യിലും മെഡിക്കൽ വകുപ്പിനെ കൊണ്ടുപോകുന്നതു് എല്ലാംകൊണ്ടും നന്നായിരിക്കുമെന്നാണ് എ ന്റെ അഭിപ്രായം. അതി നാൽ മിസ്റ്റർ താണുപിള്ളയുടെ ഉപക്ഷേപത്തെ പിൻ ാങ്ങുന്നു.

MR. MATTHEW MURIKKAN (*Vaikam*); Sir, I rise to support the motion introduced by Mr. Thanu Pillai. As it has been pointed out by my friend the history of the department in the State is itself a very effective argument against the continuance of the Board. There has never been in the history of Travancore any experiment like the present one. Practice elsewhere also is against the continuance of the Board. With regard to the nature of the work turned out by the Board it cannot in any way justify the continuance of the Board. I am not going to examine the administrative work of the Board in detail. I shall for instance take up the administration of the General Hospital in the metropolis. I do not like to go into details but I will place certain facts before this House which will show that the administrative work is not at all satisfactory. For the installation of X-ray apparatus, the Government have spent something like Rs. 20,000. It is now in disorder. Attempts have been made to improve matters but to no purpose. Travancore is badly in need of X-ray. If one wants the services of the X-ray Department, one has to go to the Mission Hospital near by. What I therefore mean is, in spite of the fact that the Government do spend a good deal of money, Travancoreans do not derive the advantages contemplated by the installation of the X-ray apparatus. I have also to call the attention of the Government to the existence in the General Hospital of a building that has been put up there. The other day I visited the General Hospital and saw some patients exposed to sun and rain. It only indicated that provision is not made for sufficient number of beds. Government have spent enough money but steps are not taken to see that the needs of the people are satisfied. I would also call the attention of the department to another important point which speaks against the administrative efficiency of the Board. As it has been suggested by my friend Mr. Thanu Pillai it is not very easy for the Board to meet on all appointed days. The understanding is that it should meet at least once a week. Considering the constitution of the Board it is difficult for all the members to meet often. The Inspecting Medical Officer has to tour throughout the State. The Lady Member is in charge of the Women and Children's Hospital and the non-official member has his own duties to attend to. In several cases a meeting has to be postponed, because all of them could not meet together. It means a good deal of delay in meeting the needs of the people Let us suppose that they meet regularly. I think the great Napolean has said that a less competent General should be preferred to

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three competent men to be in charge of a department. I need not say that this saying of that great man is pregnant with meaning. Unity of control is necessary in all departments. Individual discretion is absolutely necessary in emergent cases. Thus as my friend Mr. Thanu Pillai has said the question of efficiency also does not justify the continuance of the Board. Retrenchment, Sir, is the order of the day. If we can reduce expenditure without sacrificing efficiency, by all means we must adopt it. Therefore the theory of efficiency and the doctrine of retrenchment do not justify the existence of the Board. So I support the motion introduced by Mr. Thanu Pillai.

DR. K. RAMAN TAMPI (*Inspecting Medical Officer*): Sir, I do not think the members on the other side of the House have made a strong case for the discontinuance of the Board. The Board has been in existence for the past two years only. It was tried as an experimental measure and it is still an experimental measure. Two years' period is not too long.

With regard to the constitution of the Board itself, members do not seem to have definite ideas. I would, with the President's permission, just quote a small paragraph from the Dewan's speech in the Assembly explaining the constitution of the Board.

This is what he said :

"The office of the Darbar Physician had not been substantively filled up since Dewan Bahadur P. N. Lekshmanan retired in January 1925. On the 14th December 1925, the Government, as an experimental measure constituted the Administrative Board, Medical Services, to be in immediate charge of the medical administration of the State. The Board is composed of an Inspecting Medical Officer, the Senior Surgeon, Women's Medical Service, and a non-official member belonging to the medical profession. The association of a non-official in the management of an important department is an innovation in Travancore. I attach very great importance to frequent and thorough inspection of mofussil hospitals and dispensaries in such manner and under such conditions as will enable searching criticism and a correcting hand being applied promptly and on the spot. An officer, like the Darbar Physician, whose constant presence at the capital is necessary, cannot find time for the study of local needs in the matter of medical relief. Furthermore, there is no disguising the fact that medical aid to women and children is not as extended or as organised as it might be. It is these considerations which induced the formation of the Administrative Board at little or no extra cost to the State. Of course, the venture is still in the nature of an experiment; but there are already marked signs of its proving a success".

I shall next come to the argument advanced by the members on the opposite side of this House. Mr. A. Thanu Pillai said that there was lack of efficiency. His main argument was that no urgent things can be attended to. First of all, let me say that that is not true. The work is divided in such a manner as there is no clash. I am in charge of the Male Hospitals of the State and the Administrative Control over them is vested in me. In emergent cases I can act according to the necessities of the case and then my action will be brought to the Board for ratification. So no unnecessary delay will be caused by this arrangement. The male institutions are controlled by me. The Senior Surgeon, Women's Medical Service, has control over the Palace Institutions and institutions intended for women alone. He said that in the report for 1102, he cannot see any improvements in the department. On

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[Dr. K. Raman Tampi.]

the other hand I may just refer him to the report for 1102 itself. You see during the past two years since the Board has been in existence we have opened fifteen dispensaries in different parts of the country and the number of out-patients attended to in various hospitals has gone up by leaps and bounds after the constitution of the Board. The number has increased over a lakh. In 1102 the total number of out-patients treated was—

MR. A. S. DAMODARAN ASAN (*Mavelikara* cum *Kartikapalli*): There would have been no increase in the number of out-patients but for the constitution of the Board. Is that the member's argument?

DR. K. RAMAN TAMPI (*Inspecting Medical Officer*): What I say is that the officers inspect the institutions and find out the need for the medical relief and attend to it. The great increase is due to the inspection of the medical officers. In former times the Darbar Physician had many other duties and he could not find time to inspect the institutions properly. If you look into the proceedings you will find he was not able to inspect the work of all the institutions.

MR. A. S. DAMODARAN ASAN (*Mavelikara* cum *Kartikapalli*): Was there not such a high percentage of increase before the constitution of the Board?

DR. K. RAMAN TAMPI (*Inspecting Medical Officer*): This is a phenomenal increase.

RAO BAHADUR K. A. KRISHNA AIYANGAR (*Nominated, Deputy President*): I suppose the increase has been steady before the constitution of the Board.

DR. K. RAMAN TAMPI (*Inspecting Medical Officer*): There has been a steady increase but this is a phenomenal increase. There is an increase in the number of institutions also.

MR. REVATI NAL RAMA VARMA RAJA (*Edavagai*): ഇന്ന ബോർഡു നിറുത്തുകയാണെങ്കിൽ ഔട്ടുപേഷ്യൻസ് കുറഞ്ഞുപോകുമെന്ന മെംബറിന്ന തോന്നുന്നുവോ?

DR. K. RAMAN TAMPI (*Inspecting Medical Officer*): What I say is that no case has been made out for the abolition of the Board. So far, the Board has been functioning very well.

MR. A. S. DAMODARAN ASAN (*Mavelikara* cum *Kartikapalli*): What should be the length of the period of experiment?

DR. K. RAMAN TAMPI (*Inspecting Medical Officer*): It depends upon the circumstances in each case. Two years you cannot consider to be a long period.

MR. A. S. DAMODARAN ASAN (*Mavelikara* cum *Kartikapalli*): What is the reasonable period?

DR. K. RAMAN TAMPI (*Inspecting Medical Officer*): It is left to the Government to decide the question whether the period has been

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long or not. Mr. Thanu Pillai was saying also about the rivalry among medical men. Rivalry in profession is not confined to medicine alone. In all professions there is rivalry. Rivalry as regards practice need not affect medical institutions at all.

About the constitution of the Board, he said that the non-official member partaking in the administration of the Medical Department is unconstitutional. My reply is that his view is unhampered by departmental rigidity. He brings a different view-point altogether. The Board has at several times answered questions relating to Medical and Sanitary matters. It is always advisable to get the opinion of two or three in preference to the opinion of a single expert. In these cases a Board like this will prove of immense advantage.

Mr. Mahomed says that the department lacks discipline and lacks prestige. After all what we have to aim at is only to see if people are really benefited.

MR. P. S. MAHOMED (*Nominated*): ഇപ്പോഴത്തെപ്പോലെ ഭരണം നടത്തിക്കൊണ്ടു വരികയാണെങ്കിൽ ആശുപത്രിയിൽ പോകുന്നവരുടെ സംഖ്യ കുറയുമെന്നു വിചാരിക്കുന്നുണ്ടോ?

DR. K. RAMAN TAMPI (*Inspecting Medical Officer*): I am saying that discipline is being attended to in hospitals. That is a mere statement unsupported by facts.

MR. P. S. MAHOMED (*Nominated*): ഡിസിപ്ലിനെക്കുറിച്ചു നോക്കേണ്ട ആവശ്യമില്ലയൊ?

DR. K. RAMAN TAMPI (*Inspecting Medical Officer*): It has not been brought to our notice.

MR. P. S. MAHOMED (*Nominated*): വല്ല ആശുപത്രിയിലെയും ചാർജ്ജ് വഹിക്കുന്ന മെഡിക്കൽ ഉദ്യോഗസ്ഥനെ അസിസ്റ്റൻറുദ്യോഗസ്ഥൻ അടികലശൽ ചെയ്തതായി അറിയാമോ?

DR. K. RAMAN TAMPI (*Inspecting Medical Officer*): I didn't hear of it.

RAO BAHADUR K. A. KRISHNA AIYANGAR (*Nominated, Deputy President*): I suppose you have heard of instances in which Presiding Magistrates have been assaulted by ruffians at the Bar.

DR. K. RAMAN TAMPI (*Inspecting Medical Officer*): Oh yes, in open court.

MR. P. S. MAHOMED (*Nominated*): അങ്ങിനെയുള്ളവർക്കു പ്രമോഷൻ കൊടുത്തതായി കേട്ടിട്ടുണ്ടോ?

DR. K. RAMAN TAMPI (*Inspecting Medical Officer*): No promotion was given in such cases. There is no false sense of prestige at all. We want to do good work. He said that there is delay because everything has to go to the Board. As I said, all important matters are disposed of by the individual officers concerned.

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MR. MATTHEW MURIKKAN (*Vaikam*) : Will the member be pleased to tell me who receives the petitions addressed to the Board?

DR. K. RAMAN TAMPI (*Inspecting Medical Officer*) : Petitions are addressed to the Secretary to the Board and he communicates them to the Board.

MR. MATTHEW MURIKKAN (*Vaikam*) : Will urgent papers be attended to while the members of the Board are on circuit?

DR. K. RAMAN TAMPI (*Inspecting Medical Officer*) : Yes. Urgent papers will be attended to. Wires will be sent if necessary. Every paper will come to me for my sanction. There is only casual leave which can be given without my sanction. The other things are sent by wire and replies are given immediately.

Coming to the question of medicines—people have to buy medicines from local shops and so on—I may tell the member that what actually happens is that these local chemists and also the practitioners—one of their tactics is to see that there is no medicine in the hospital—

RAO BAHADUR K. A. KRISHNA AIYANGAR (*Nominated Deputy President*) : Is it suggested that the medical man is a party to that?

DR. K. RAMAN TAMPI (*Inspecting Medical Officer*) : I am not speaking of the medical man. But the public may be deceived. Besides whenever there is a shortage of medicine we at once send for a supply to the Medical Stores.

RAO BAHADUR K. A. KRISHNA AIYANGAR (*Nominated, Deputy President*) : I presume it is only well-to-do men that are directed to the shops.

DR. K. RAMAN TAMPI (*Inspecting Medical Officer*) : Yes. For example, Santonine which you may think is a common drug—

MR. P. S. MAHOMED (*Nominated*) : മരുന്നകം ആശുപത്രികളിൽ ഇല്ലാത്തതുകൊണ്ട് തരുന്നില്ലെന്നല്ലാതെ ഡാക്ടർമാർ തരുന്നില്ല എന്നു പറയുന്നില്ല.

DR. K. RAMAN TAMPI (*Inspecting Medical Officer*) : We know every part of the country and we know where diseases are prevalent and the conditions of the people in the country.

In regard to rich people in many cases they will prefer to have specially palatable preparations or patent medicines. Of course, Government institutions are not the institutions to stock such things Whenver I go to an institution I check the medicines carefully. I have rarely found shortage of medicines, and if I found that medicines are going to be short. I asked the medical officer to send the indent, and as soon as I went back I passed the indent In fact I have never had any complaint from medical officers about shortage of medicines.

MR. A. S. DAMODARAN ASAN (*Mavelikara cum Kartikapalli*) : May I know then what is the necessity for Rs. 50,000 more for drugs in the next year?

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DR. K. RAMAN TAMPI (*Inspecting Medical Officer*): Within the past two years 15 new institutions have been added, and for the coming year two more institutions are to be added, and naturally there is to be an increase in the supply of medicines. The attendance of patients in most of these institutions is also going up by leaps and bounds. Formerly at Kuravilankad the daily attendance was 300, for example. Now it has risen. Unless more medicines are supplied how can we meet the complaint of want of medicines?

MR. A. S. DAMODARAN ASAN (*Mavelikara* cum *Kartikapalli*): May I know whether the department also has felt convinced that the complaint is well grounded?

DR. K. RAMAN TAMPI (*Inspecting Medical Officer*): The department is convinced that when more institutions are opened more medicines are necessary and that more medicines have to be supplied. That does not mean that medicines are not supplied at all. That is why an extra sum of Rs. 50,000 is provided in the budget.

Then about the transfers etc. There have been very few instances in which transfers were rescinded. In one case of transfer, the Medical Officer in charge of that institution wrote to say that the usefulness of the institution will be deminished if the Assistant in that institution were transferred. We have to consider cases like that. Without proper reasons we never rescinded transfers, once recommended. Then about the delay in taking charge, there was only one case, and it was reported to the Government and action was taken. Mr. Ittoop Itteechan was speaking about the opening of a dispensary at Ankamali and Manjhapra. I went to Ankamali and Manjhapra and found that a dispensary is not necessary in both these places. A recommendation has been sent to open a dispensary at Ankamali, under a scheme of rural medical relief. It is pending consideration at the hands of Government. Ankamali is easily connected with Alwaye by railway. But, all the same, the matter is pending consideration, and as I said, there is no necessity for having two dispensaries, one at Ankamali and another at Manjapra. They are not far away from each other to warrant the opening of separate dispensaries.

MR. ITTOOP ITTEECHAN (*Kunnatnad*): മഞ്ഞപ്രയിലും അങ്കമാലിയിലും ആശുപത്രി വേണ്ടെന്നുവച്ചതു എന്തുകൊണ്ടാണ്?

DR. K. RAMAN TAMPI (*Inspecting Medical Officer*): If there is to be a dispensary at Ankamali there is no necessity for one at Manjapra. Will the member please say how far Manjapra is from Ankamali?

MR. ITTOOP ITTEECHAN (*Kunnatnad*): മഞ്ഞപ്രയിൽ എത്രായിരം ജനങ്ങൾ ഉണ്ടെന്നു മെമ്പർ അന്വേഷിച്ചിട്ടുണ്ടോ?

DR. K. RAMAN TAMPI (*Inspecting Medical Officer*): How far is Manjapra from Ankamali, will the member say? (*Laughter.*)

MR. ITTOOP ITTEECHAN (*Kunnatnad*): മഞ്ഞപ്രയും അങ്കമാലിയുമായിട്ടു ൩ മൈൽ വ്യത്യാസമുണ്ട്.

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DR. K. RAMAN TAMPI (*Inspecting Medical Officer*): That is all.

MR. ITTOOP ITTEECHAN (*Kunnatnad*): പെരുമ്പാവൂരും, കുറവിലങ്ങാടും ആയിട്ട് എത്ര മൈൽ വ്യത്യാസമുണ്ടെന്നറിയാമോ?

DR. K. RAMAN TAMPI (*Inspecting Medical Officer*): Yes, I know in that case what you find in Perumbavur hospital is that more than half the people come from Kuruvilankad side. That is why an evening dispensary was opened at Kuruvilankad with practically little extra cost to the State. The member says Ankamali is only 6 miles. If as he says Ankamali is not so inhabited as Manjapra, there is no objection to have the dispensary at Manjapra instead of at Ankamali. The member was also referring to the needs of the people on the other side of the Periyar. We have people coming forward with building sites and asking for opening dispensaries. Beyond Periyar side, I had no requisition. So I never visited the place. Probably the places might not have been yet opened up.

Mr. Matthew Murikkan was saying that the history of the department is against this innovation *viz.*, the Medical Board. In these days we are not concerned with history; we go by experience and by what is profitable. If we are to go merely by history and what has taken place before, we cannot hope for any progress.

RAO BAHADUR K. A. KRISHNA AIYANGAR (*Nominated, Deputy President*): I suppose that there is an innovation in this Council also.

DR. K. RAMAN TAMPI (*Inspecting Medical Officer*): Yes.

MR. MATTHEW MURIKKAN (*Vaikam*): May I know whether the member does not attach importance to the lesson we learn from history?

DR. K. RAMAN TAMPI (*Inspecting Medical Officer*): When we take new steps we profit by lessons that we have learned already. Mr. Matthew Murikkan was also referring to the X'ray installation. I may just explain to the member what really took place. The X'ray apparatus was working all right. But owing to climatic conditions, the Tube Jacket enveloping the Coolidge Tube gave trouble. Because our climate is very moist, the lining tubes had to be changed. Because of this trouble what happened was that some tubes broke actually. But we got an expert from Bombay at no cost to the State. One of the conditions of our agreement with the General Electric Company was that they must hand everything in perfect order. So, an expert from Bombay was sent for by them. He examined and said that it is the fault of the Tube Jacket. The company then replaced the tube, and they probably changed the lining. Of course that portion of the apparatus has been yet to be fitted up. That is why we are not able to work it.

MR. REVATI NAL RAMA VARMA RAJA (*Edavagai*): ബാംബെയിൽ എക്സ്റേ വർക്സ് നടത്തുന്നതാണോ?

DR. K. RAMAN TAMPI (*Inspecting Medical Officer*): Yes.

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Mr. REVATI NAL RAMA VARMA RAJA (*Edavagai*): ഇവിടത്തെ ക്ലൈമെറ്റുപോലെ തന്നെയാണ് ബാംബെയിലെ ക്ലൈമെറ്റ് എന്നറിയാമോ ?

Dr. K. RAMAN TAMPI (*Inspecting Medical Officer*); But they are in Bombay. The people who supplied this instrument overcame this difficulty. These people started the X'ray only very recently. We got the apparatus through the Madras Electric Company. They did not know much about the humidity of the place. Anyhow the defect will be remedied soon, and we are making every arrangement to have it speedily installed.

Mr. TAMARAPALLIL KOCHUTOMMAN (*Pattanamtitta*): നെയ്യൂരിൽ എക്സ്റേ മിഷ്യൻ ജോലി ചെയ്യുന്നുണ്ടോ ?

Dr. K. RAMAN TAMPI (*Inspecting Medical Officer*): Yes.

Mr. TAMARAPALLIL KOCHUTOMMAN (*Pattanamtitta*): അവിടത്തെ ക്ലൈമെറിനും ഇവിടത്തെ ക്ലൈമെറിനും തമ്മിൽ വ്യത്യാസമുണ്ടോ ?

Dr. K. RAMAN TAMPI (*Inspecting Medical Officer*): The thing is sometimes these electric instruments are likely to go out of order, where X'Ray has been working. Many times they break down, and they are made right as early as possible.

Mr. TAMARAPALLIL KOCHU TOMMAN (*Pattanamtitta*): എക്സ്റേ രണ്ടും ഒരേ കമ്പനിയിൽ നിന്നും വരുത്തിയതാണോ?

Dr. K. RAMAN TAMPI (*Inspecting Medical Officer*): I do not know. Then, Mr. Matthew Murikkan was saying that the new building has not yet been occupied. I will explain the reason. We wanted every thing properly to be fitted up before patients are removed to the new building. We have been saying that there has been great congestion but till the new building is properly fitted up it is inadvisable to remove the patients there. The introduction of pipe water system may take some time. But there must be proper drainage all round the new building, otherwise in two or three days the whole front will become bad. There is to be a drainage. The parts are all ready. Without drainage the member himself will understand that it will not be possible to occupy the building. A hospital building has to be kept scrupulously clean. Of course, without drain there is absolutely no use of pipe water, without which, it cannot have thorough washing. That is the cause of the delay. What the member said about delay in correspondence is not at all correct. There is no unnecessary delay in correspondence because of the Board. At the Board meetings we discuss only certain problems that have to be discussed. The routine work can go on even when the Board is not sitting. I hope I have sufficiently made clear the points raised by the members on the opposite side.

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MR. A. THANU PILLAI (*Trivandrum*): May I know when the new dispensaries referred to by him were sanctioned and when they were opened?

DR. K. RAMAN TAMPI (*Inspecting Medical Officer*): They were sanctioned in the early part of the year. But their opening was delayed because we wanted to get everything in order. The equipment was unavoidably delayed. There was only a small delay, but all the same, you will find that the dispensaries have all been opened now.

MR. A. THANU PILLAI (*Trivandrum*): May I know for what period during the last two years the X'Ray apparatus was in working condition?

DR. K. RAMAN TAMPI (*Inspecting Medical Officer*): Only for a short time

MR. A. THANU PILLAI (*Trivandrum*): What time?

DR. K. RAMAN TAMPI (*Inspecting Medical Officer*): If the member sends up an interpellation in the matter he will get the answer. I cannot give the exact date, but I may inform the House that there are a lot of other kinds of electric work going on. For example, the ultra violetray electric work and other kinds of work are even now going on. So far as these are concerned the electric installation in the hospital is working satisfactorily.

MR. S. PIRAVIPERUMAL PILLAI (*Commerce and Industry South*): Sir, While I heard the speech of some of the learned members on this side of the House containing serious charges against the administration of the Medical Department, I thought that there was a case made out. But after hearing Dr. Raman Tampi I am led to think that much powder has been wasted. Of course, what members on this side of the House have said has to be considered. At the same time what Dr Raman Tampi has said, coming as it does from a man of vast experience, has also to be considered. I am considering both.

MR. A. THANU PILLAI (*Trivandrum*): May I know whether other official members are not men of experience?

MR. S. PIRAVIPERUMAL PILLAI (*Commerce and Industry, South*): I never said that. If Mr. Thanu Pillai drew that inference I am sorry it is wrong. Coming as it does from Dr. Raman Tampi, a man of great experience, which nobody can deny either on this side or on the other side or outside of the House (*Laughter*), especially as it affects the administration of the department which he has been in touch with for a very very long time and which is now under him, I think, great weight should be attached to it. While the members on this side of the House said there has been considerable delay in disposal of petitions and other matters that are being considered by the Board, Dr. Raman Tampi said there has been no delay and refuted every charge with reasonable arguments. I really do not know whether I can take the opinion given by the members on this side of the House who, I should think, do not have an intimate knowledge of the working of the department, or whether I should give weight to what Dr. Raman Tampi said. To be candid and plain, I must give weight to what Dr. Raman

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Tampi has said in this matter. I therefore think that time has not come, as the learned Dr. said, to decide whether the Board should continue or not.

MR. A. S. DAMODARAN ASAN (*Mavelikara* cum *Kartikapalli*): Sir, I beg to support the motion. The grounds urged by Mr. S. Piraviperumal Pillai are not sufficient to oppose the motion. I do not question the experience or capacity of the learned Doctor on the official side *i. e.*, Dr. Raman Tampi. But the only question here is whether the Administrative Board has justified itself by its two years' existence, to continue any longer. One of the grounds which were urged by Dr. Tampi was that the period during which it was working was not sufficiently long. What I have to submit is that two years is sufficiently a long period for any Board to show sufficient and satisfactory work to justify its existence.

DR. K. RAMAN TAMPI (*Inspecting Medical Officer*): I beg to point out that I said that in the opinion of the Government the Board has not been in existence for a sufficiently long time.

MR. A. S. DAMODARAN ASAN (*Mavelikara* cum *Kartikapalli*): It is the opinion of this side of the House that I have to give. Another thing that Dr. Raman Tampi said was that there is much increase in the number of dispensaries and the number of patients. What I say in regard to that is even after the constitution of the Medical Board if Government has not allotted sufficient sums for increasing the number of dispensaries, there would not have been such increase. It is not the existence of the Board that conduced to the increasing number of dispensaries. It is because the Government were willing to contribute larger sums for the Medical Department. It is due to that reason that there is a large increase in the number of dispensaries. So that that reason does not justify the continuance of the Board. There have been no other reasons put forward for the continuance of this Board. On these grounds I support the motion.

MR. A. THANU PILLAI (*Trivandrum*): Sir, I do not think that the arguments for the abolition or rather the discontinuance of the Medical Board have been met by the official member. He referred to the Dewan's speech. But I do not find any statement there that will justify the continuance of the Board. As for direction and thorough inspection of the Medical Institutions the existence of the Board is an impediment. The Inspecting Medical Officer has to be in Trivandrum at least once every week.

PRESIDENT: Not necessarily. The Board can function with two members. The rules provide for that.

MR. A. THANU PILLAI (*Trivandrum*): I take it that the Board is so constituted as to consist of three members. The presence, at the meetings, of the Inspecting Medical Officer who is really the Medical Officer who is in touch with Medical Institutions is necessary, or the Board will not function well. On that very ground the existence of the Boa seems to be an impediment to efficient control.

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RAO BAHADUR K. A. KRISHNA AIYANGAR (*Nominated, Deputy President*) : May I ask the member whether the increased facilities for rapid communication that are now obtaining would not enable the Inspecting Medical Officer to come to the Capital as early as possible ?

MR. A. THANU PILLAI (*Trivandrum*) : That is a circumstance in favour of my position, that is, even if one man were at the Head of the Department, he can be moving about as often and as quickly as he wants. That does not go against my position at all.

Now as for the increase in the number of dispensaries I fail to see how that is an argument in favour of the Medical Board. There has been an all round improvement in Our State and this is only part of that improvement. If the department were under a single officer, I do not see how progress of the department in this direction could have been retarded. I also find from Dr. Raman Tampi's speech that for the next year the additional number of dispensaries is after all only two. So, there must have been something special during the last two years which gave rise to the opening of the 15 new dispensaries. At any rate, that cannot be attributed to the Board at all.

It was stated that no case was made out for the abolition of the Board. I maintain that a strong case has been made out. But there is also in my favour another aspect of the question. The case has to be made out not by me but by the official member because it is he who seeks to disturb the permanent arrangement. I am for the continuance of the permanent arrangement. Whoever wants altered conditions must establish his case. That is the principle. Whatever that be, as I have already stated, it has been clearly established that the Board is unnecessary.

Dr. Raman Tampi referred to the Non-official member and said that he brings in new force unhampered by departmental rigidity. That is a statement which is not at all clear to me. So, I do not think I should meet it. I do not think that simply because a Medical Officer has been in a department for sometime he should fail to see the needs of the people. On the contrary a man that has been in a Government institution can realise the needs of the people much better and if he is an officer moving about and doing real executive work he can understand the needs of the people much better than one who has nothing to do with such matters.

As for the argument that the Board is expedient and profitable it is quite clear that it is neither expedient nor profitable. Sir, I press the motion to a division.

DR. K. RAMAN TAMPI (*Inspecting Medical Officer*) : Sir, I have already stated that no dispensary could have been added unless Government have provided more funds. My point is this. I have been able to do a lot of inspection work, to go to the spot, to come in contact with the people and to know their needs in the matter of medical relief. All this I was able to do because, on account of the Board, I was in charge of inspecting work alone. As a result of my inspections recommend-

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ations were made by the Board to Government and Government sanctioned the opening of these several new dispensaries. The need for medical aid in rural parts was brought to the attention of Government because of the Medical Board.

Mr. Thanu Pillai did not bring any fresh argument to show that the Board should be abolished. The department has now grown so big that it is not possible to have the work conducted efficiently by a single man. As a matter of fact on a previous occasion when this subject was discussed in this Council it was stated that the Durbar Physician, owing to his multifarious duties, had not enough time to go out to the different parts of the country and it was even suggested that there should be somebody else to look after the needs of the people at large and to do more of inspection work. Government have realised that the department has become unwieldy, and that is the reason why in the interests of the department the Board had to be constituted. Of course Government alone can realise to the full extent the growth of the department.

MR. A. THANU PILLAI (*Trivandrum*): May I point out to the member that the Education Department is more unwieldy than the Medical Department, to use his own term ?

DR. K. RAMAN TAMPI (*Inspecting Medical Officer*): That is beside the point. I am now speaking about the Medical Departmemt. My point is, Sir, that the Government are the best judges in questions like this since they alone can know the volume of work in particular departments.

The motion was put to the vote of the House and carried.

MR. K. P. NILAKANTA PILLAI (*Chirayinkil*): I demand a poll.

A poll was taken and the House divided as follows :—

AYES—27.

1.	Mr. V. Chellam Pillai.	15.	Mr. H. B. Mahomed Rowther.
2.	,, A. S. Damodaran Asan.	16	,, P. S. Mahomed.
3.	Mrs. Elizabeth Kuruvila.	17.	,, Matthew Murikkan.
4.	Mr. A. G. Menon.	18.	,, G. P. Nilakanta Pillai.
5.	,, Ittoop Itteechan.	19.	,, K. P. Nilakanta Pillai.
6.	,, K. C. Karunakaran.	20.	,, V. J. Oommen.
7.	,, K. N. Kesavan Nampuripad.	21.	,, Muruvelil Pachu Pillai.
8.	,, R. Kesava Pillai.	22.	,, K. Padmanabha Panikkar.
9.	,, T. C. Kesava Pillai.	23.	,, K. G. Paramesvaran Pillai.
10.	,, Tamarapallil Kochu Tomman.	24.	,, L. R. Raja Raja Varma Koil Tampuran.
11.	,, N. K. Krishna Pillai.	25.	,, R. Raman Pillai.
12.	,, V. S. Krishna Pillai.	26.	,, Revati Nal Rama Varma Raja.
13	,, Tariatu Kunjitomman.	27.	,, A. Thanu Pillai.
14.	,, K. Madhavan Pillai.		

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NOES—18.

1. Mr. I. C. Chacko.
2. ,, R. Dhanukoti Pillai.
3. ,, D. Francis.
4. ,, P. Gomatinayakam Pillai.
5. ,, D. C. Joseph.
6. ,, Rao Bahadur K.A. Krishna Aiyangar.
7. ,, P. N. Krishna Pillai.
8. Rao Sahib Dr. N. Kunjan Pillai.
9. Mr. K. Madhavan.
10. Mr. T. K. Madhavan Nayar.
11. ,, Kayalam Paramesvaran Pillai.
12. ,, S. Piraviperumal Pillai.
13. Dr. K. Raman Tampi.
14. Mr. K. N. Ramasubba Aiyar.
15. ,, T. P. Ramasubba Aiyar.
16. ,, S. C. H. Robinson.
17. ,, R. Vaidyalingom Pillai.
18. ,, A. Vaipan.

NEUTRAL—1.

1. Mr. A. C. Kuriakose.

The motion was carried.

Motion 315.

The following motion was not made :

MR. P. S. MAHOMED :

To reduce the allotment of Rs. 11,399 for Superintendence by Rs. 100.

Motion 316.

MR. P. S. MAHOMED (*Nominated*) : സർ, ഫീമെയിൽ അലവൻസ് വകയ്ക്ക ആവശ്യപ്പെട്ടിട്ടുള്ള ഫ,ന്നവ 0 -രൂപായിൽനിന്നും ഒ ര രൂപ കുറയ്ക്കണമെന്നുള്ള എന്റെ ഉപക്ഷേപത്തെ അവതരിപ്പിച്ചുകൊള്ളുന്നു.

മെഡിക്കൽ ഡിപ്പാർട്ടുമെന്റു സ്ത്രീകളുടേയും, കുട്ടികളുടേയും ഉന്നത്തിനെക്കുടി ഉദ്ദേശിച്ചിട്ടുള്ള പക്ഷം രാജ്യത്തിന്റെ പ്രധാനസ്ഥലങ്ങളിലെല്ലാം സ്ത്രീകൾക്കായിട്ടുള്ള പ്രത്യേക ആശുപത്രികൾ ഉണ്ടായിരിക്കേണ്ടതാണ്. സ്ത്രീകളിൽ സുഖക്കേടുകൊണ്ടു ദുരിതമനുഭവിക്കുന്നവരുടെ സംഖ്യ ധാരാളമായി കാണുന്നതു പട്ടണങ്ങളിലാണ്. പ്രത്യേകിച്ചും സാമുദായികമായ ചില മാമൂലുകളെ അനുസരിക്കേണ്ടതായി വരുന്നതുകൊണ്ടു ആ സമുദായത്തിലുള്ള സ്ത്രീകൾ കൂടുതൽ രോഗത്തിനും അടിമപ്പെടേണ്ടതായിട്ടു വരുന്നുണ്ട്. വേണ്ടവിധത്തിലുള്ള കാറ്റോ വെളിച്ചമോ ലഭിക്കുന്നതിന് നിവൃത്തിയില്ലാത്തവിധം മാമൂലുകൾ പ്രതിബന്ധമായിനില്ക്കുന്ന സമുദായങ്ങൾ ആലപ്പുഴയിൽ ധാരാളമായിട്ടുണ്ട്. ശുദ്ധവായുവും, വെളിച്ചവും പ്രവേശിക്കാത്ത സ്ഥലങ്ങളിൽ ഡാക്ടർമാരുടെ പ്രവേശനം കൂടുതലായിട്ടു വേണ്ടിവരുമെന്നുള്ള സംഗതി ഞാൻ ഇവിടെ പ്രത്യേകം പറയേണ്ട ആവശ്യമില്ല. ആലപ്പുഴയിൽ ശരിയായ വൈദ്യസഹായത്തിനും വഴിയില്ലാതെ സ്ത്രീകൾ വളരെ ബുദ്ധിമുട്ട് അ

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നുഭവിക്കുന്നുണ്ട്. പല സ്ത്രീകളും പ്രസവകാലത്തു പുരുഷന്മാരുടെ ശ്രുശ്രൂഷയിൽ ഇരിക്കേണ്ടിവരുന്നു. ആ സമയങ്ങളിലെല്ലാം അവർ പുരുഷന്മാരായഡാക്ടർമാരുടെ ശ്രുശ്രൂഷയേക്കാൾ മരണത്തെ തന്നെവരിക്കുന്നുണ്ട്.

ആലപ്പുഴയിൽ ഒരു ആശുപത്രിസ്ത്രീകൾക്കായിട്ടു വേണമെന്നു അനേകം കാലങ്ങളായി ആവശ്യപ്പെട്ടുകൊണ്ടിരിക്കയും ഞാൻ തന്നെ ഒരു സംഗതി പ്രജാസഭയിൽ പ്രതിപാദിക്കയും ചെയ്തിട്ടുണ്ട്. അതിന്റെ ഫലമായിട്ടോ എന്തോ കഴിഞ്ഞകൊല്ലം ഡാക്ടർ രാമൻതമ്പി അവർകൾ ആലപ്പുഴ വരികയും സ്ത്രീകൾക്കായിട്ടുള്ള ആശുപത്രിയ്ക്കു വേണ്ട സ്ഥലങ്ങളെല്ലാം അന്വേഷിക്കയും ചെയ്തതായിട്ടറിയാം. എന്നാൽ അഡ്മിനിസ്ട്രേറ്റീവ് ബോർഡിന്റെ വിവേകശക്തിയുടെ ഫലമായിട്ടാണെന്നു തോന്നുന്നു. അങ്ങിനെ ഒരു ആശുപത്രിയുടെ ആവശ്യം ആലപ്പുഴക്കുണ്ടോ എന്ന സംഗതി വെളിക്കു വരാത്തനിലയിൽ അതിനെ സംബന്ധിച്ചു ഡിപ്പാർട്ടുമെന്റു യാതൊന്നും പ്രവർത്തിച്ചിട്ടില്ല. എന്നുമാത്രമല്ല വല്ലതും പ്രവർത്തിക്കാൻ നിശ്ചയിച്ചിട്ടുണ്ടോ എന്നതന്നെ അറിയാൻ പാടില്ലാത്ത നിലയിലിരിക്കുന്നു. ഏതായാലും ആലപ്പുഴ പോലെയുള്ള പട്ടണങ്ങളിൽ സ്ത്രീകൾക്കുവേണ്ടിയുള്ള ആശുപത്രി സ്ഥാപിക്കുന്നില്ലെന്നു വരുകിൽ ഇതിൽപരം ഒരു രാജ്യത്തേക്കു ദോഷകരമായിട്ടു ചെയ്യാൻ മറ്റൊന്നുമില്ല. അതുകൊണ്ടു ഒട്ടും താമസിക്കാതെ ഒരാശുപത്രിസ്ത്രീകൾക്കുവേണ്ടി ആലപ്പുഴെ സ്ഥാപിക്കേണ്ടതാണെന്നുള്ള സംഗതി ഒരു ഡിപ്പാർട്ടുമെന്റിന്റെ ദൃഷ്ടിയിൽകൊണ്ടു വരുന്നതിനാകുന്നു ഞാൻ ഒരു ഉപക്ഷേപം ഇവിടെ അവതരിപ്പിച്ചിട്ടുള്ളതു്.

DR. K. RAMAN TAMPI (*Inspecting Medical Officer*): Sir, I may inform the member that the question of opening a separate Hospital at Alleppey for women and children is engaging the serious consideration of Government.

The motion was, by leave, withdrawn.

Motion 317.

The following motion was not made:

MR. N. K. KRISHNA PILLAI:

To reduce the allotment of Rs. 6,43,255 for Hospitals and dispensaries by Rs. 10.

Motion 318.

MR. K. P. NILAKANTA PILLAI (*Chirayinkil*): Sir, I beg to make the following motion:

To reduce the allotment of Rs. 6,43,255 for hospitals and dispensaries by Rs. 100.

The object of the motion is, Sir, to bring to the notice of the House the urgent necessity for opening a separate department for dental treatment in the General Hospital. The necessity for having a separate department for dental treatment has been recognised by the Government and a separate department was opened and Dr. Moreira

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[Mr. K. P. Nilakanta Pillai.]

was put in charge of the department in 1912. He was continuing to do the work sometimes as full-time worker and sometimes as part-time worker till 1926. In 1926 he retired. But recommendation was made by the Medical Board to extend his services for sometime more as if there was no other qualified man for the post. On this recommendation, Sir, he continued to look after the duties of this section of the General Hospital and also continued to draw his allowance without the sanction of the Government which leads us to a romantic story which is thoroughly irrelevant for our present purpose. What I submit, Sir, is this. The result of recent investigations has shown that not only tooth-ache and diseases connected with it but also several other diseases should be treated by the Dental Surgeon. It seems there are several diseases which take their origin out of bad teeth. For example, I may mention the instances of diseases like insomnia, loss of weight—I am reading from Dr. Crows, E. N. T. Specialist, Sussex Hospital, Brighton—anaemia, lassitude, ulcers of the mouth, pharyngitis, neurites, headache, mental-derangement, shortness of sleep, rheumatism and several other diseases. So the growing importance of having expert dental treatment has been recognised even by western countries. As a result of these investigations which have shown that several important diseases take their origin out of bad teeth, even big Insurance Companies, to save millions of pounds that they would have to pay on death claims, have stressed upon this matter and have appointed their own dental doctors to examine intending policy-holders before their policies are accepted. These facts, I hope, would be sufficient to convince the House of the growing necessity for having a separate Dental Department attached to the General Hospital.

One more point which I want to bring under this motion, Sir, is to increase the staff of the Ophthalmic Hospital in the town. From the Administration Report of the Medical Department, you will find, Sir, that the number of cases treated in that hospital is progressively increasing year after year, and it has, I gather from my personal information, reached a stage when a single man could not be expected to do the work properly, however clever he may be, since the work is very much more than what a single man could cope with. These are the two points which I want to bring to the notice of the House.

MR. S. PIRAVIPERUMAL PILLAI (*Commerce and Industry, South*): Sir, I wish to make a few observations on the motion moved by my friend. I saw in the *Madras Mail* this afternoon that in European countries, fashion is growing rapidly, so much so, the people thereof pull off the eye-lashes and that on that account diseases like eceama and swollen eyes, are in the increase. I therefore wish the learned doctor, before making his reply, would inform this House whether such a practice is growing in Travancore and if so the remedial measures for that also.

DR. K. RAMAN TAMPI (*Inspecting Medical Officer*): Sir, the necessity for having a Dentist in the General Hospital has been recognised

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by Government and they are trying to get a suitable Dentist for a big Institution like the General Hospital and the matter is engaging the attention of Government.

With regard to the Ophthalmic Hospital, whenever the Hospital is really understaffed the Medical Officer in charge brings it to the notice of the authorities the necessity for increasing the staff. I may point out to the member on the other side of the House that the Ophthalmic Hospital has always had more than one individual in the staff. There is Dr. Revi Varma who is in charge and a Sub-Assistant Surgeon has always been there and so he has not been working single handed as the member says. Besides we try to send out Assistant Surgeons from time to time to get a training in Ophthalmology and already seven have been trained this year and we will be sending out a fresh batch soon. Each man remains there for about six months and gets some training and goes out to the District Hospitals to devote some time for the treatment of eye diseases. I have seen good results by such a method and am convinced by the good work done at Tuckalai and Mavelikarai where the Medical Officers of those places had such a training here.

As for Mr. Piraviperumal Pillai's remarks on the eye-lashes, I am sorry I have not read to-day's paper. Of course, there are many things stated in newspapers which have not been experimentally proved. So that simply because a remedy is wanted as a cure medical men would not rush in for that kind of remedy.

MR. K. P. NILAKANTA PILLAI (*Chirayinkil*): Sir, whatever may be the proper provision made at Mavelikara and Tuckalai, so far as Trivandrum is concerned I think there is no proper provision in the General Hospital for treating bad teeth. I will be able to conclusively prove that if I bring one more additional fact that even the members of the Medical Board are advising persons to go out to private practitioners instead of resorting to the General Hospital.

DR. K. RAMAN TAMPI (*Inspecting Medical Officer*): I question that and it has never come to my notice.

MR. K. P. NILAKANTA PILLAI (*Chirayinkil*): May not be. But I know instances and nobody can question my direct knowledge. With regard to the statement that the Government are considering to get down a full-time Dentist, duly qualified, I do not think it is absolutely necessary to have a full qualified medical graduate. Even in the Madras General Hospital we do not have a medical graduate Doctor and I think my information is correct. Therefore again pressing upon the attention of Government that this may receive their serious consideration I beg leave to withdraw the motion.

The motion was, by leave, withdrawn.

Motion 319.

The following motion was not moved:

MR. K. MADHAVAN PILLAI:

To reduce the allotment of Rs. 6,43,255 for hospitals and dispensaries by Rs. 100.

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Motion 320.

MR. A. C. KURIAKOSE (*Minachil cum Devicolam*) : സർ, ആശുപത്രികൾക്കും ഡിസ്പെൻസറികൾക്കും ആവശ്യപ്പെട്ടിട്ടുള്ള ന, ർന, ഫ ഒ ഉ രൂപായിൽനിന്നും ഫ ഠ ഠ രൂപാ കുറയ്ക്കണമെന്നുള്ള ഉപക്ഷേപത്തെ ഠരം സഭാസമക്ഷം ഹാജരാക്കിക്കൊള്ളുന്നു. ഠരം ഉപക്ഷേപം ഇവിടെ ഹാജരാക്കുന്നതു് മാലം ഡിസ്ട്രിക്ട് ആശുപത്രിയുടെ താല്ക്കാലിക നിലയേയും അതിൽ വരുത്തേണ്ട ചില പരിഷ്കാരങ്ങളേയും പറ്റി പ്രതിപാദിക്കുന്നതിനാണ്. മാലം ആശുപത്രി വളരെകാലമായി അവിടെ സ്ഥാപിച്ചു നടത്തിപോരുന്ന ഒന്നാണ്. ആശുപത്രി സ്ഥാപിച്ച സമയം മുതല്ക്കു ഒരു സാധാരണ കെട്ടിടത്തിലാണ് ഇട്ടിരിക്കുന്നതു്. അന്നു നിർദ്ദേശിച്ചതായ ഉപകരണങ്ങളല്ലാതെ മറ്റൊന്നും തന്നെ ഇപ്പോഴില്ല. ജനസാമാന്യത്തിന്റെ വർദ്ധനവിനനുസരിച്ചു ആശുപത്രികൊണ്ടുള്ള ഉപയോഗവും വർദ്ധിച്ചുവരുന്നുഎന്നുള്ളതു് ഠരം ആശുപത്രിയിൽ സാധാരണ ചികിത്സക്കു വന്നുകൊണ്ടിരിക്കുന്ന ജനങ്ങളുടെ സംഖ്യകൊണ്ടുതന്നെ അറിയാവുന്നതാണ്. ആശുപത്രിയിൽ താമസിച്ചു ചികിത്സചെയ്യുവരുന്ന ആളുകളുടെ സൗകര്യത്തിനു വേണ്ട ഉപകരണങ്ങളോ അവക്കു കിടക്കുന്നതിനുതക്ക കെട്ടിടങ്ങളോ ഇല്ലാത്തതുകൊണ്ടു് വളരെ കഷ്ടപ്പാടുകൾ അനുഭവിച്ചു വരുന്നു എന്നുള്ളതു ഇവിടെ പറയാതിരിക്കാൻ നിവൃത്തിയില്ല. ക്രമേണ ആശുപത്രിയിൽ ചികിത്സയ്ക്കു വരുന്ന രോഗികളുടെ സംഖ്യ പ്രതിവർഷം വർദ്ധിച്ചുതന്നെ വരികയാണ്. ഡാക്ടരും കമ്പൗണ്ടരുമാണു ഔഷധം നിശ്ചയിക്കാനും എടുത്തുകൊടുക്കാനുമായിട്ടുള്ളതു്. ഠരം അസിസ്റ്റന്റു ആഴ്ചയിൽ രണ്ടു ദിവസം അകലെയുള്ള ഒരു ഡിസ്പെൻസറിയിൽ പോയി അതു നടത്തേണ്ടതായിട്ടും ഉണ്ടു്. അതേ സമയത്തു തന്നെ രോഗികളുടെ സംഖ്യയും വർദ്ധിച്ചു വരുന്നതുകൊണ്ടു് വരുന്നരോഗികൾക്കു ഔഷധം നിശ്ചയിക്കുന്നതിനും എടുത്തു കൊടുക്കുന്നതിനും ഉദ്ദേശിക്കുന്നതിലധികം സമയം ആവശ്യപ്പെടുന്നുണ്ടു്.

ആശുപത്രിയിൽ താമസിച്ചു ചികിത്സിപ്പിക്കുന്നവരുടെ ആവശ്യത്തിനു രണ്ടു പ്രത്യേകമുറികളും ഏതാനും പഴയ കട്ടിലുകളും മാത്രമേയുള്ളു. ഇതു ദയനീയമായ നിലയിൽ ഠരം ഡിസ്ട്രിക്ട് ആശുപത്രി നടത്തിവരുന്നതിനെ നന്നാക്കുന്നതിൽ മെഡിക്കൽ ബോർഡോ ഗവണ്മെന്റോ ശ്രദ്ധിക്കുന്നില്ല എന്നു വിനയസമേതം പറയേണ്ടിയിരിക്കുന്നു.

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സ്ത്രീകളേയും കുഞ്ഞുങ്ങളേയും ചികിത്സിക്കുന്നതിനു അവിടെ ഒരു പ്രത്യേക ലേഡീ ഡാക്ടരെ നിയമിക്കയും അവരെ കിടത്തി ചികിത്സിപ്പിക്കുന്നതിന് വേണ്ട സൌകര്യങ്ങൾ ഉണ്ടാക്കിക്കൊടുക്കയും ചെയ്യേണ്ടതാണ്. കൂടാതെ താമസിച്ചു ചികിത്സക്കുന്നവരുടെ ശുശ്രൂഷയ്ക്കായി മരുന്നുകൾ എടുത്തുകൊടുക്കുന്നതിനുകൂടി പരിചയമുള്ള ഒന്നോ രണ്ടോ ശുശ്രൂഷകമാരെക്കൂടി നിയമിക്കണം. ഒരു സംഗതികളെല്ലാം സാധിച്ചതരേണ്ടതത്യാവശ്യമാണെന്നു ഞങ്ങൾ ഗവണ്മെൻറിനെ അറിയിച്ചിട്ടുണ്ടായിരുന്നു. ഒരു ആശുപത്രിയിൽ വരുന്ന രോഗികളുടെ സംഖ്യ ആണ്ടുതോറും വർദ്ധിച്ചുവന്നിട്ടും അതു പണ്ടത്തെപ്പോലെതന്നെ നടത്തിവരുന്നു എന്നുള്ളതു വളരെ സങ്കടകരമായ ഒരു സംഗതിയാണു. ശസ്ത്രക്രിയനടത്തുന്നതിനുതകത്തക്കവണ്ണമുള്ള കെട്ടിടങ്ങൾ ഒന്നുംതന്നെ ഇവിടെയില്ലാ.

ഒരുവക സംഗതികളെല്ലാം പരിശോധിച്ചു ലാലം ആശുപത്രിയെ കാലാനുസരണമായവിധത്തിൽ നടത്തിക്കൊണ്ടുപോകുന്നതിനും ഒരു ലേഡീഡാക്ടരെക്കൂടി നിയമിക്കുന്നതിനും ഗവണ്മെൻറിന്റേയും ഡിപ്പാർട്ടുമെൻറിന്റേയും ദയാദൃഷ്ടി പതിയണമെന്നു ഗവണ്മെൻറിനെ അറിയിക്കുന്നതിനാണു ഞാൻ ഒരു ഉപക്ഷേപം കൊണ്ടുവന്നിട്ടുള്ളതു്.

DR. K. RAMAN TAMPI (*Inspecting Medical Officer*): Sir, in regard to the Lalam Hospital, I find there has been some increase in the number of out spatients and in regard to the in-patients there is no need to warrant for the appointment of a lady assistant and nurse so far. If more in-patients resort to the hospital the Board will only be too glad to increase the facilities there. At present, we are posting lady assistants to some institutions but it is not possible to post lady assistants to all of them. If we find the number of lady in-patients increasing and a good many labour cases coming to the hospital, also an increase in the female patients, the question of appointing a lady doctor will be considered. I have during my inspection found that there is no necessity at all to afford more facilities to that hospital.

The motion was, by leave, withdrawn.

Motions 321 to 324.

The following motions were not moved:—

MR. V. CHELLAM PILLAI:

321. To reduce the allotment of Rs. 6,43,255 for hospitals and dispensaries by Rs. 1,000

MR. K. MADHAVAN PILLAI:

322. To omit the allotment of Rs. 1,680 for scholarships and stipends.

MR. N. K. KRISHNA PILLAI:

323. To omit the allotment of Rs. 1,680 for scholarships and stipends.

MR. P. S. MAHOMED:

324. To reduce the allotment of Rs. 6,700 for Medical stores by Rs. 25.

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Motions 325 and 326.

The following motions were deemed not to have been moved as the members were absent :

MR. N. R. KRISHNAN :

325. To reduce the allotment of Rs. 6,93,626 under Demand XV by Re. 1.

MR. A. G. MENON :

326. To reduce the total allotment of Rs. 6,93,626 under Demand XV by Re. 1.

Motions 327 and 328.

The following motions were not moved :

MR. R. KESAVA PILLAI :

327. To reduce the total allotment of Rs. 6,93,626 under Demand XV by Re. 1.

MR. S. PIRAVIPERUMAL PILLAI :

328. To reduce the total allotment of Rs. 6,93,626 under Demand XV by Re. 1.

Motion 329.

The following motion was deemed not to have been made as the member was absent :—

MR. REVATINAL RAMA VARMA RAJA :

329 To reduce the total allotment of Rs. 6,93,626 under Demand XV by Re. 1.

Motion 330.

MR. A. THANU PILLAI (*Trivandrum*) : Sir, I beg to move the following motion :—

To reduce the allotment of Rs. 6,93,626 under Demand XV by Re. 1.

My object in making this motion is to ascertain the policy of Government in purchasing medicines and surgical instruments. Till now I find that it has been the practice to purchase these things once every year. Now I find a notice in the Government Gazette calling for tenders for the supply of medicines and surgical instruments for a period of three years. The wisdom of entering into a contract with a firm for the purchase of these things for so long a period especially when the amount involved is 7 to 8 lakhs of Rupees—

DR. K. RAMAN TAMPI (*Inspecting Medical Officer*) : May I inform the House that the amount is only over 2 lakhs and not 7 lakhs.

MR. A. THANU PILLAI (*Trivandrum*) : I mean for three years together. Of course now tenders have already been invited for the supply of medicines and instruments for a period of three years.

DR. K. RAMAN TAMPI (*Inspecting Medical Officer*) : Now the amount comes to only Rs. 2,35,000.

MR. A. THANU PILLAI (*Trivandrum*) : I find from the budget that a sum of Rs. 2,35,000 is provided for instruments and medicines for one year. I do not know the reason why tenders should be invited for a period of three years together. There may be fluctuations in the price and why should we not take advantage of the changes of prices from time to time? If the price goes high there is no reason why our Government should make a profit at the expense of the manufacturer. On the contrary, if the prices go down we should not lose. I want to bring to the notice of Government the undesirability of giving such contracts and that is why I have made this motion.

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DR. K. RAMAN TAMPI (*Inspecting Medical Officer*): Sir, I think it is in the best interests of the State to give contracts for three years. Of course if the tendency is for the prices to increase the Government would be careful that its interests are served in the best way possible.

MR. T. P. RAMASUBBA AIYAR (*Ag. Chief Secretary to Government*): Sir, it was after a careful consideration that the Government decided on the contract for a period of three years instead of one year as was done previously.

MR. A. THANU PILLAI (*Trivandrum*): May I know what the considerations were?

MR. T. P. RAMASUBBA AIYAR (*Ag. Chief Secretary to Government*): I am coming to that. As a rule, the longer the period of a contract, the more favourable will be the quotations. So if the contract is for a period of three years and if a fair knowledge of our annual requirements are also given to the tenderers, it is likely that the prices would go down. Even if the market prices should go up during the period of the contract, the tenderer is bound to supply at the accepted rates.

MR. A. THANU PILLAI (*Trivandrum*): Why was it limited to three years and not extended to seven or a dozen years?

MR. T. P. RAMASUBBA AIYAR (*Ag. Chief Secretary to Government*): That would be a very long period and if the prices should during the seven years go terribly low, we would not be able to take advantage of it. Three years is a fairly advantageous period both for the Government and the Company.

MR. A. THANU PILLAI (*Trivandrum*): Is there not a chance of the prices going higher.

MR. T. P. RAMASUBBA AIYAR (*Ag. Chief Secretary to Government*): That is also possible; and as the member hinted, if the prices go up, since the contract is for a long period, it keeps down the rates. Further, if it is going to be an yearly contract, Government will have to prepare every year a tender notice and publish it. All this takes a lot of time. If it is for three years we can safely be sure that the medicines will reach us also in time and much correspondence and time can be saved.

We are not, as the member imagines, going to give one indent for the three years together. The indent for each year will be placed with the Company sufficiently early and the Company is bound to supply us the whole quantity required because a precautionary clause to this effect will be entered in the agreement with the company and the company will be bound to supply the whole quantity required.

C1 **MR. A. THANU PILLAI** (*Trivandrum*) Am I to understand that indents will be prepared every year?

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MR. T. P. RAMASUBBA AIYAR (*Ag. Chief Secretary to Government*): Yes. The indents will be prepared every year with slight alterations in the quantity required, reckoning the stock available and the requirements of the next year. The indent for this year will not be the same as the indent for the last year. Some changes will be necessary.

As regards the value of the contract, which my friend has been emphasising, it comes to about 8 lakhs of Rupees. I may say that it is only after the whole supply has been made, that payment is to be made, so that there is nothing for the Government to lose or to be afraid of. These were the chief considerations that weighed with the Government in trying a three-year contract this time.

MR. A. THANU PILLAI (*Trivandrum*): I withdraw the motion.

PRESIDENT: Does the House permit the motion to be withdrawn?

The motion was, by leave, withdrawn.

PRESIDENT: We will now adjourn. All the motions will be taken up and completed tomorrow by 5 o' clock. That means that we shall have to find another quarter of an hour from another part of the day. Shall we begin at 11-15 and keep the usual interval of three-quarters of an hour for lunch or shall we begin at 11-30 and curtail the lunch interval by a quarter of an hour?

MR. KAYALAM PARAMESVARAN PILLAI (*Additional Head Sirkar-Vakil*): Or the non-official members may give up 15 minutes?

RAO BAHADUR K. A. KRISHNA AIYANGAR (*Nominated, Deputy President*): We shall have half an hour for lunch.

PRESIDENT: So we shall curtail the lunch interval to half an hour.

We will now adjourn and meet again at half past eleven tomorrow.

The house adjourned at 5. 17 P. M. to meet again at 11. 30 A. M. the next day.

P. N. KRISHNA PILLAI,
Secretary to the Legislative Council.

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